

Plan of Correction

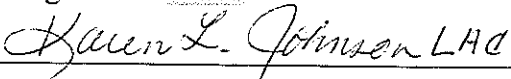
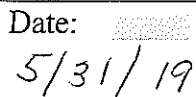
Program Name: Choice's Recovery Services, Inc.	Date Submitted: 5/31/2019	Date Due: 07/01/2019
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Client Chart POC-1

Rule #: ARSD 67:61:07:05	<p>Rule Statement:</p> <p>Integrated assessment. An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:</p> <ol style="list-style-type: none"> 1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable; 2) Presenting problems or issues that indicate a need for services; 3) Identification of readiness for change for problem areas, including motivation and supports for making such changes; 4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; 5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; 6) Family and relationship issues along with social needs; 7) Educational history and needs; 8) Legal issues; 9) Living environment or housing; 10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal; 11) Past or current indications of trauma, domestic violence, or both if applicable; 12) Vocational and financial history and needs; 13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present; 14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening; 15) Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable; 16) Clinician's signature, credentials, and date; and
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<p>17) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.</p> <p>Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.</p>	
<p>Area of Noncompliance: Several client's assessments were missing one or more of the required elements. The integrated assessments need to be completed within 30 days of first appointment.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Most notably missing were #11, specifics of past or current trauma, domestic violence or both. Our EHR provides a checkbox, which may be overlooked if no trauma is reported.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 6/3/2019</p>
<p>Supporting Evidence: We will be more cognizant of including a narrative regarding client's specific responses to questions regarding trauma or domestic violence.</p>	<p>Person Responsible: Clinical Supervisor/Director</p>
<p>How Maintained: Maintained and reviewed by Karen Johnson LAC</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Client Chart POC-2	
<p>Rule #: ARSD 67:61:07:10</p>	<p>Rule Statement: Transfer or discharge summary. A transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.</p> <p>When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.</p>
<p>Area of Noncompliance: In review of the charts, discharge or transfer summaries were missing one or more the above elements.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): It is the policy at Choices that discharges be completed within 3 days, as compared to the 5 days with the State.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 6/3/2019</p>
<p>Supporting Evidence: The staff will be more cognizant of the timeline in completing discharges and transfers. Some discrepancies noted and emailed to the Division.</p>	<p>Person Responsible: Clinical Supervisor/Director</p>
<p>How Maintained: Maintained and reviewed by Karen Johnson LAC</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

<p>Program Director Signature: </p>	<p>Date: </p>
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